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**APPLICANTS**

Palaniappan Srinivasan, Hyderabad, INDIA;  
Vaidya J. Rao, Hyderabad, INDIA;  
Gangadasu Banda, Hyderabad, INDIA;

**\*\* CONTINUING DATA \*\*\*\*\***None *DR***\*\* FOREIGN APPLICATIONS \*\*\*\*\***None *DR***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Deependra Ray</i> Examiner's Signature	<i>DR</i> Initials			

**ADDRESS**

7278

**TITLE**

Substituted dihydropyrimidinone preparation using polyaniline salt catalyst

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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